

FILED NOV 26 2018 10:27AM SDC-ORP

UNITED STATES DISTRICT COURT  
DISTRICT OF OREGON  
PORTLAND DIVISION

ANTHONY LENAIRE CURRY

(Enter full name of plaintiff(s))

Plaintiff(s),

v.

Tom RYAN; Rob Underhill; JENNA PLANK;  
GLEN UJIFUSA; CHADWICK OPITZ;

(Enter full name of ALL defendant(s))

Defendant(s).

I, Anthony L. Curry, declare that I am the plaintiff in the above-entitled proceeding. In support of my request to proceed without prepayment of fees under 28 U.S.C. § 1915, I declare that I am unable to pay the fees for these proceedings or give security therefor, and that I am entitled to the relief sought in the complaint or petition.

In support of this application, I answer the following questions:

1. Are you currently incarcerated?  Yes  No

If "Yes," state the place of your incarceration: \_\_\_\_\_

If "Yes" and you are filing a civil action or habeas corpus proceeding, have the institution fill out the Certificate portion of this application and attach a certified copy of your prison trust account showing transactions for the past six (6) months.

2. Are you currently employed?  Yes  No  Self-employed

a. If the answer is "Yes," state:

Employer's name: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Amount of take-home pay or wages: \$ 0 per 0 (specify pay period)

b. If the answer is "No," state: SNAKE River Correctional Institution  
 Name of last employer: OREGON Department of Corrections  
 Address of last employer: 777 STANTON Blvd, Ontario, Oregon 97914  
 Date of last employment: ON or about September of 2017  
 Amount of take-home salary or wages: \$ 30.00 per month (specify pay period)

3. Is your spouse employed?  Yes  No  Self-employed  Not applicable

a. If the answer is "Yes," state:

Employer's name: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Amount of take-home pay or wages: \$ \_\_\_\_\_ per \_\_\_\_\_ (specify pay period)

b. Do you have access to your spouse's funds to pay the filing fee in this case?  Yes  No

Please explain your answer below:

---



---



---



---

c. If your spouse's income or assets are available to you to pay the filing fee in this case, would your spouse have enough money left to pay for his or her own expenses?

Yes  No If the answer is "No," please explain below:

I have NO Spouse

---



---



---

4. In the past 12 months have you received any money from any of the following sources?

a. Business, profession, or other self-employment  Yes  No

If "Yes," state: Amount received: \$ \_\_\_\_\_

Amount expected in future: \$ \_\_\_\_\_

b. Rent payments, interest, or dividends  Yes  No

If "Yes," state: Amount received: \$ 0.13 cents

Amount expected in future: \$ 0

c. Pensions, annuities, or life insurance payments  Yes  No  
 If "Yes," state: Amount received: \$ \_\_\_\_\_  
 Amount expected in future: \$ \_\_\_\_\_

d. Disability or workers' compensation payments  Yes  No  
 If "Yes," state: Amount received: \$ \_\_\_\_\_  
 Amount expected in future: \$ \_\_\_\_\_

e. Gifts or inheritances  Yes  No  
 If "Yes," state: Amount received: \$ \_\_\_\_\_  
 Amount expected in future: \$ \_\_\_\_\_

f. Any other sources  Yes  No  
 If "Yes," state: Source: Mother, Eva Curry  
 Amount received: \$ 50-100<sup>00</sup> per month  
 Amount expected in future: \$ 50-100<sup>00</sup> per month

5. Do you have cash or checking or savings accounts? (including prison trust accounts)?  Yes  No  
 If "Yes," state the total amount: \$ \_\_\_\_\_

6. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles, or other valuable property?  Yes  No  
 If "Yes," describe the asset(s) and state the value of each asset listed:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Do you have any other assets?  Yes  No  
 If "Yes," list the asset(s) and state the value of each asset listed:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses?  Yes  No

If "Yes," describe and provide the amount of the monthly expense:

---

---

---

---

---

9. List the persons (or, if under 18, initials only) who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support:

None

---

---

---

---

---

10. Do you have any debts or financial obligations?  Yes  No

If "Yes," describe the amounts owed and to whom they are payable:

---

---

---

---

---

If I am incarcerated and filing a prisoner civil rights complaint, I hereby authorize the agency having custody of me to collect from my trust account and forward to the Clerk of the United States District Court, payments toward the full filing fee of \$350.00 for a prisoner civil rights complaint, in accordance with 28 U.S.C. § 1915(b).

I declare under penalty of perjury that the above information is true and correct.

11/19/18  
DATE

Anthony L. Cury  
SIGNATURE OF APPLICANT

Anthony LENAIRE CURY  
PRINTED NAME OF APPLICANT